

**Kentucky's Expense Reimbursement Grant
For Small Drinking Water Operator Training and Certification**

What:

A Kentucky Division of Compliance Assistance Program funded through a grant provided by the federal Safe Drinking Water Act, Section 1419(d), to assist small Kentucky drinking water systems (community and non-transient non-community public water systems serving 3,300 persons or less) in getting and maintaining skilled operators with the required state operator certification for drinking water treatment and/or distribution. Waivers and reimbursement of expenses related to training and testing will be made directly to eligible operators.

Why:

Many small drinking water systems have difficulty paying expenses for potential operators to become trained and certified and as a result struggle to remain compliant with regulatory requirements. As an incentive, this financial assistance opportunity should assist small systems with acquiring and maintaining qualified operators and to prevent non-compliance, further protecting public health and safety.

Who:

Operators, to be eligible, must now operate a public water system with a population served of 3,300 or less. Non-certified operators must have met the minimum requirements for testing at the required certification level, as specified in 401KAR8:030.

Operator Benefits:

Extent of assistance depends on whether an operator is compensated in any way by the water system (salaried) or if he/she is a volunteer or non-compensated by the system (non-salaried). In either case, eligible operators will have fees waived for certification preparatory classes, certification examinations, continuing education classes, and renewal of certifications. Classes are limited to those provided by the Kentucky Division of Compliance Assistance Program. Operators will also receive a treatment or distribution manual at no charge when enrolled in a certification preparatory class and exam. One operator per vehicle will also be granted mileage reimbursement based upon the approved per mile state rate when traveling to and from an approved training class or testing event, provided it is for a distance greater than 40 miles (80 miles roundtrip) from their work station or place of residence, whichever is less. Non-salaried operators shall likewise be eligible for mileage reimbursements and if traveling over 80 miles roundtrip are additionally eligible for reimbursement of meals if traveling during appropriate hours and for lodging if overnight stay is required (at the nearest state park or other approved facility and at an approved rate). Meals will be reimbursed, the rate for breakfast is \$7.00, lunch is \$8.00 and dinner is \$15.00. In order to be reimbursed for such expenses, operators must submit completed travel vouchers, with receipts when appropriate. Requests for reimbursement will be processed as received throughout the grant period, but must be submitted not later than June 30 of the fiscal year during which the expense was incurred (Kentucky's fiscal year runs July 1 through June 30). Operators holding valid certifications (not lapsed) during the grant period will be able to renew them at no charge, but must complete and submit the required renewal application. Mileage will be reimbursed at the approved per mile state rate. The state rate is reviewed every three months and updated through the Kentucky Finance Cabinet at the following link: (<http://finance.ky.gov/internal/travel>).

Registration for Training and/or Exams:

It is necessary to complete the standard Drinking Water Certification Application for certification preparatory classes and/or certification examinations.

Time Table:

Operators may request assistance through this grant for events occurring during the period of July 1, 2002 through March 31, 2011 (less time if funds from the grant are exhausted). Individual operator vouchers should be submitted immediately after the event and must be to the Operator Certification Program not later than June 30th of the state's fiscal year during which the event/expenses occurred. The fiscal year runs July 1st through June 30th.

Waivers:

Applications for training classes, exam events and certification renewals will be screened by the Operator Certification Program Staff at the time of submittal. Eligible operators will be given waivers for appropriate fees. No payment is necessary from eligible operators participating in approved events. Eligible operators should write "ERG" at top of all submittals pertaining to this grant. State renewal fees for drinking water treatment or distribution certifications of eligible operators will be waived during the grant period. Renewals subject to waiver are limited to those held by operators as of February 5, 1999 (not past due for renewal) and those earned not later than December 31, 2010. Newly acquired certifications being renewed must be done on time, (i.e., by June 30 of even numbered years).

Reimbursements:

Requests for reimbursement of mileage, lodging, or meals must be submitted on the state's Travel Voucher Form (MARS-34) (samples and blank attached for reproduction and use by operator). These vouchers must be properly completed and have the signature of both the operator and his/her supervisor (or person to whom they report). Receipts for lodging must be attached to the voucher. Fuel costs are covered within the approved mileage reimbursement rate to be reviewed every three months by the Kentucky Finance Cabinet (<http://finance.ky.gov/internal/travel>). Meal reimbursements are at set rates of: Breakfast @ \$7.00; Lunch @ \$8.00; and Dinner @ \$15.00 (in accordance with 200KAR2:006). For a given meal, travel requires an overnight stay and must include the entire block of time shown in order to be eligible (Breakfast is 6:30 am through 9:00 am; Lunch is 11:00 am through 2:00 pm; and Dinner is 5:00 pm through 9:00 pm). Travel vouchers are to be completed and submitted to the Operator Certification Program immediately after a qualifying event and will not be accepted later than June 30th of the state's fiscal year during which the event took place.

Non-Compensated Operator Verification:

For a non-compensated operator to obtain a reimbursement for meals or lodging, it is necessary for the system owner or the operator's supervisor to submit a completed verification form (copy attached to this memo).

Manuals:

When attending an approved certification preparatory training class, operators will be provided the appropriate manual from the University of California series (one time only). These manuals will be hand delivered to the operators at the time of the class unless arrangements are made by the individual operators to pick them up from the Operator Certification Program in advance. If the operator has purchased the manual from California State University since July 1, 2002, a different manual may be submitted at the discretion of the certification staff or a refund made. Operators enrolled for a certification exam with no class may request to have the appropriate manual mailed to them if they have not received one through the grant at a previous training event.

More Information:

Contact the Kentucky Operator Certification Program by calling (502) 564-0323 or 1-800-926-8111 or by facsimile @ (502) 564-9720. The mailing address is: Division of Compliance Assistance, Operator Certification Program, 14 Reilly Road, Frankfort, Kentucky 40601. The current year's Operator Training Catalog is available electronically at <http://www.dca.ky.gov/certification/Training+Information.htm>.

Verification of Non-Compensated Operator Status

This verification must be filed with the Kentucky Division of Compliance Assistance Operator Certification Program if a drinking water treatment or distribution operator request reimbursement of meals and lodging associated with participation in a certification training class or a certification exam, as allowed in the operator certification expense reimbursement grant (ERG). A non-compensated or non-salaried operator as defined by USEPA is one who is not paid in any manner by the system owner to perform the duties and responsibilities of a certified operator. Further, it is implied that such an operator would not receive compensation of any kind for operating the drinking water system. A non-compensated operator would be one who volunteers services to the system without compensation. Reimbursements must be requested on the state's Travel Voucher Form (MARS 34).

Operator's Name: _____

Operator's Address: _____

Public Water System Identification Number (PWS ID): _____

Water System's Name: _____

Name of System Owner or Operator's Supervisor (Print): _____

As system owner or supervisor of the operator listed above, I hereby verify that this individual operates the listed public water system as a volunteer and is not paid or otherwise compensated for said services.

Signature of Owner or Operator's Supervisor: _____

Submit this form with the operator's request for reimbursement of meals and/or lodging to:

Kentucky Division of Compliance Assistance
Operator Certification Program
14 Reilly Road
Frankfort, Kentucky 40601

The Environmental and Public Protection Cabinet does not discriminate on the basis of race, color, origin, sex, age, religion or disability and provides, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities.

COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET

TRAVEL VOUCHER
(Substitute TP)

ERG

SALARIED OPERATORS

590

Agency

Document Number

Out-of-State Authorization

☐ New

☐ Modification

Page 1 of 1

Date

Accounting Period

Budget FY

Line		Invoice Number		ERG01 02			
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
1200	590				BG00		E363
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT			
				96.76		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID
Soc. Sec. #
TRAVELER NAME
Your Full Name
AGENCY NAME
Your Water System Name
TRAVELER'S WORK STATION
OFFICE PHONE
Your Water System Address and number
TRAVELER'S RESIDENCE
Your Home Address

Single Check	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Check Category	
EFT	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Application Type	
Scheduled Pay Date				

AGENCY REFERENCE DATA

MO	DAY	TIME OF DEPARTURE	TIME OF RETURN	LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
05	16	03:00 pm		From Danville Vicinity To Rough River State Park	118		<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B _____ L _____ D _____	
PURPOSE: Travel to drinking water operator training course									
05	17	04:30 pm		From Danville Vicinity To Rough River State Park	118		<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B _____ L _____ D _____	
PURPOSE: Return travel from drinking water operator training course									
				From To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B _____ L _____ D _____	
PURPOSE:									
				From To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B _____ L _____ D _____	
PURPOSE:									
				From To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B _____ L _____ D _____	
PURPOSE:									
				From To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B _____ L _____ D _____	
PURPOSE:									
If mileage claimed, was State car available? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Rode with another state employee.									
TOTALS FOR THIS PAGE					236				

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

YOUR NAME
TRAVELER'S SIGNATURE
DATE
YOUR SUPERVISORS' NAME
SUPERVISOR'S SIGNATURE
DATE

ENTER MILEAGE FROM ALL PAGES 236 (Miles) x .41 (Cents Per Mile) 96.76

OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	TOTAL OTHER EXPENSES
OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	TOTALS FROM ALL CONTINUATION PAGES
OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	GRAND TOTAL
				96.76



AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE

DATE

CABINET HEAD'S SIGNATURE IF REQUIRED

DATE

590

Agency

Document Number

TRAVEL VOUCHER
(Substitute TP)

ERG

Out-of-State Authorization

☐ New ☐ Modification

Page 1 of 1 Date Accounting Period Budget FY

Line		Invoice Number		ERG01 02	
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION
1200	590				BG00
DESCRIPTION		OBJ/SUB			
		E363			
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT	
				476.76	
				<input type="checkbox"/> INC	<input type="checkbox"/> DEC

TRAVELER ID	
Soc. Sec. #	
TRAVELER NAME	
Your Full Name	
AGENCY NAME	
Your Water System Name	
TRAVELER'S WORK STATION	OFFICE PHONE
Your Water System Address and number	
TRAVELER'S RESIDENCE	
Your Home Address	

Single Check ☒ YES ☐ NO Check Category

EFT ☐ YES ☒ NO Application Type

Scheduled Pay Date

AGENCY REFERENCE DATA

MO	DAY	TIME OF DEPARTURE	TIME OF RETURN	LOCATION	PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
05	16	03:00 pm		From Danville Vicinity To Rough River State Park	118		<input checked="" type="checkbox"/> See Purpose 65.00	<input type="checkbox"/> See Purpose B L 15.00 D	80.00
PURPOSE: Travel to drinking water operator training course									
05	17			From To			<input checked="" type="checkbox"/> See Purpose 65.00	<input type="checkbox"/> See Purpose B 7.00 L 8.00 D 15.00	95.00
PURPOSE: Attend drinking water operator training course									
05	18			From To			<input checked="" type="checkbox"/> See Purpose 65.00	<input type="checkbox"/> See Purpose B 7.00 L 8.00 D 15.00	95.00
PURPOSE: Attend drinking water operator training course									
05	19			From To			<input checked="" type="checkbox"/> See Purpose 65.00	<input type="checkbox"/> See Purpose B 7.00 L 8.00 D 15.00	95.00
PURPOSE: Attend drinking water operator training course									
05	20	04:30 pm		From Rough River State Park To Danville Vicinity	118		<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B 7.00 L 8.00 D	15.00
PURPOSE: Return travel from drinking water operator training course									
				From To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose B L D	
PURPOSE:									
If mileage claimed, was State car available? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Rode with another state employee.					TOTALS FOR THIS PAGE	236	260.00	120.00	380.00

I hereby certify, subject to the provisions of KRS 523:100 (unsworn falsification to authorities), that the above are proper charges in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

ENTER MILEAGE FROM ALL PAGES 236 (Miles) x .41 (Cents Per Mile) 96.76

YOUR NAME
TRAVELER'S SIGNATURE DATE

YOUR SUPERVISORS' NAME
SUPERVISOR'S SIGNATURE DATE

OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	TOTAL OTHER EXPENSES	
OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	TOTALS FROM ALL CONTINUATION PAGES	
OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	GRAND TOTAL	476.76

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE DATE



ORIGINAL

CABINET HEAD'S SIGNATURE IF REQUIRED DATE

TRAVEL VOUCHER
(Substitute TP)

ERG

590

Agency

Document Number

Out-of-State Authorization

☐ New ☐ Modification

Page 1 of 1 Date _____ Accounting Period _____ Budget FY _____

Line _____		Invoice Number		ERG01 02			
FUND	AGENCY	ORG/SUB	PROGRAM BUDGET UNIT	ACTIVITY	FUNCTION	DESCRIPTION	OBJ/SUB
1200	590				BG00		E363
JOB/PROJECT	REPT CATEGORY	TERMINI	QUANTITY	AMOUNT		<input type="checkbox"/> INC <input type="checkbox"/> DEC	

TRAVELER ID	
TRAVELER NAME	
AGENCY NAME	
TRAVELER'S WORK STATION	OFFICE PHONE
TRAVELER'S RESIDENCE	

Single Check ☒ YES ☐ NO Check Category _____
EFT ☐ YES ☒ NO Application Type _____
Scheduled Pay Date _____

AGENCY REFERENCE DATA

MO	DAY	TIME OF		LOCATION		PRIVATE AUTO MILEAGE	TOLLS AND/OR PARKING	LODGING	SUBSISTENCE	TOTALS
		DEPARTURE	RETURN	From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
				From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
				From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
				From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
				From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
				From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
				From	To			<input type="checkbox"/> See Purpose	<input type="checkbox"/> See Purpose	
PURPOSE:										
If mileage claimed, was State car available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Rode with another state employee.										
TOTALS FOR THIS PAGE										

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TRAVELER'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

AGENCY HEAD OR AUTHORIZED AGENCY'S SIGNATURE _____ DATE _____

ENTER MILEAGE FROM ALL PAGES _____ (Miles) x _____ (Cents Per Mile)

OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	TOTAL OTHER EXPENSES
OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	TOTALS FROM ALL CONTINUATION PAGES
OBJECT CODE	AMOUNT	OBJECT CODE	AMOUNT	GRAND TOTAL



CABINET HEAD'S SIGNATURE IF REQUIRED

DATE